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Community Need Analyses: What They Tell Us about the Physician Shortage

Health Strategies & Solutions conducted 18 community need analysis from 2006 to 2009. These analyses quantified current and projected physician surpluses and deficits at a specialty-specific level within the geographic region (s) served by a hospital or health system. While these community need analyses were used as components of medical staff development plans, they also provided insight into the magnitude and scope of the current physician shortage.



The 18 markets -- individual counties, multiple contiguous counties, or hospital service areas -- were well distributed geographically. Resident population ranged from a low of 105,000 to a high of 770,000, with a median population of 310,500. The results of the 18 community analyses confirm that physician shortages are widespread, but some of the specialty-specific findings were surprising. As indicated in the chart below, only one of the 18 markets had an adequate supply of physicians at the time of the study. The median need met was only 86 percent, with physician shortages exceeding 10 percent in 12 of the 18 markets.

Read more about community need analyses and the physician shortage in Hugo Finarelli's book, **The Hospital Executive's Guide to Physician Staffing**



Percent of Community Need for Physicians Currently Met in 18 Markets

Percent of Community Need Met	<60%	60%–69%	70%–79%	80%–89%	90%–99%	100%+	Median Need Met
Number of Communities							
All Specialties	0	0	3	9	5	1	86%
Primary Care	0	1	3	3	8	3	93%
Medical Specialties	1	3	1	8	3	2	81%
Surgical Specialties	3	1	4	5	3	2	85%

Source: Health Strategies & Solutions, Inc.

In light of the well-publicized shortage of primary care physicians at a national level, it was surprising that physician shortages within the 18 communities were smallest in primary care. Overall, the median supply of primary care physicians equaled 93 percent of the community need. Nine communities had an adequate supply of general pediatricians and seven had an adequate supply of family practitioners, although only one had an adequate supply of general internists.

Shortages were widespread within medical and surgical specialties, with only 81 percent and 85 percent of the median need met in these categories. In each case, 13 communities had deficits exceeding 10 percent of the community need. Not evident from the chart was the bimodal distribution of medical and surgical specialists, an indication of the persistent geographic variability in physician supply. For example, there were three medical specialties where five or more communities had an adequate supply of physicians at the same time that at least five other communities had less than half the specialists needed.

Some of the HS&S findings may reflect the nature of the communities studied. Most of the communities were either well-populated suburban areas in close proximity to large cities, or micropolitan areas with small- to medium-sized cities at their core. In either case, the communities were attractive to primary care physicians, but not all of the communities had a large enough population base to support the full range of medical and surgical specialists.

Implications of Our Analyses

Many factors will contribute to growing physician shortages during the next decade, even in communities where the current supply meets or exceeds community need. Some factors, such as the growth and aging of the U.S. population, increased utilization rates, and a significant increase in the number of Americans with health insurance will increase the demand for physicians. Several other factors - the aging of the physician workforce, the increased number of women physicians, and declining physician productivity - will act to decrease physician supply. Some financial factors, such as declining reimbursement, increased practice expenses, and the cost of malpractice insurance may make it more difficult to attract physicians into primary care and into underserved areas.

Strategies designed to increase the physician supply at a national level including the creation of new medical schools, expanding existing schools, and increasing the number of residency slots, will eventually help alleviate physician shortages. Short-term strategies should focus on improving physician efficiency through the widespread use of electronic medical records or greater use of non-physician clinicians that will allow physicians to accommodate larger patient panels.

For more information on community need analyses and the physician shortage, contact [Hugo Finarelli](#) at (239) 949-2850 or hfinarelli@hss-inc.com



Hugo Finarelli



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